

WIC Request for Vendor to Stock INFANT FORMULA

Vendor Number: _____ Store Name: _____

Manager Name: _____ Phone # _____

Address _____

City: _____ State/Zip: _____

The Local WIC Agency requests the Vendor named above to stock the infant formula(s) designated below, and to maintain the indicated quantities on store shelves:

<u>Type of Formula (check ✓)</u>	<u>Quantity to Stock (per month)</u>
___ Similac Advance w/iron powder, 12.9 oz can	_____
___ Similac Advance w/iron concentrate, 13 fl oz can	_____
___ Similac Sensitive powder, 12.9 oz can	_____
___ Similac Isomil Advance powder, 12.9 oz can	_____
___ Similac Isomil Advance concentrate, 13 fl oz can	_____
___ Infant Cereal _____	_____
___ Other: (specify) _____	_____

Date: _____ Signature of Local Agency Rep: _____

The Vendor is requested to order the designated infant formula and maintain the quantity indicated for at least six months to meet the needs of WIC infants in the community. This infant formula must be in stock within five (5) business days. If vendor is unable to obtain the requested formula, the Local WIC agency must be advised immediately. The Local WIC Agency will periodically review the need for vendor to continue stocking the designated formula(s). By signing below, Vendor indicates agreement with these terms:

Date _____ Vendor Rep. Signature _____

Send Copy to State WIC Agency for Vendor File

(Rev. Oct. 2008)